

R/W 22WS00139854
£ 635-00
26-6-14

26 JUN 2014

**Application for a premises licence to be granted
under the Licensing Act 2003**

RECEIVED

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

14/01060/202

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I/We De Vere Venues Group Limited

(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description			
De Vere Venues Wokefield Park Goodboys Lane Mortimer			
Post town	Reading	Postcode	RG7 3AH
Telephone number at premises (if any)	0118 9334521		
Non-domestic rateable value of premises	£125k+		

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
- i. as a limited company please complete section (B)
- ii. as a partnership please complete section (B)
- iii. as an unincorporated association or please complete section (B)
- iv. other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)
- d) a charity please complete section (B)
- e) the proprietor of an educational establishment please complete section (B)

- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
 statutory function or
 a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over <input type="checkbox"/> Please tick yes					
Current postal address if different from premises address					
Post town		Postcode			
Daytime contact telephone number					
E-mail address (optional)					

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name	De Vere Venues Group Limited
Address	Albert Day Building Sunningdale Park Larch Avenue Ascot SL5 0QE
Registered number (where applicable)	06139080
Description of applicant (for example, partnership, company, unincorporated association etc.)	Private Limited Company
Telephone number (if any)	
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
A	5	A P

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)

Substantial conference and wedding venue in a rural setting with extensive grounds

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any that apply

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

Provision of late night refreshment (if ticking yes, fill in box I)

Supply of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Mon	0800	0100	Please give further details here (please read guidance note 3) Murder mystery events and similar productions		
Tue	0800	0100			
Wed	0800	0100	State any seasonal variations for performing plays (please read guidance note 4)		
Thur	0800	0100			
Fri	0800	0200	Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat	0800	0200			
Sun	0800	0000			

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	0800	0100	Film premieres and similar		
Tue	0800	0100			
Wed	0800	0100	State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur	0800	0100			
Fri	0800	0200	Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat	0800	0200			
Sun	0800	0000			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors	<input type="checkbox"/>	
					Outdoors	<input type="checkbox"/>	
Day	Start	Finish	Both				<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)				
Tue			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)				
Wed			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)				
Thur							
Fri							
Sat							
Sun							

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3) Bands, soloists, pianists and similar live music events <u>State any seasonal variations for the performance of live music</u> (please read guidance note 4) <u>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Mon	0800	0100			
Tue	0800	0100			
Wed	0800	0100			
Thur	0800	0100			
Fri	0800	0200			
Sat	0800	0200			
Sun	0800	0000			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Provision of DJ, Karaoke machine, juke box and similar		
Mon	0800	0100			
Tue	0800	0100	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Wed	0800	0100			
Thur	0800	0100			
Fri	0800	0200	Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat	0800	0200			
Sun	0800	0000			

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3) Dance floor areas in the main house, executive centre and any temporary marquee areas		
Mon	0800	0100			
Tue	0800	0100	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Wed	0800	0100			
Thur	0800	0100	<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Fri	0800	0200			
Sat	0800	0200			
Sun	0800	0000			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing Other corporate events, race nights, comperes, comedy nights and similar		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon	0800	0100		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	0800	0100	<u>Please give further details here</u> (please read guidance note 3)		
Wed	0800	0100			
Thur	0800	0100	<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri	0800	0200			
Sat	0800	0200	<u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sun	0800	0000			

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Hot food and drink menu		
Mon	2300	0100			
Tue	2300	0100			
			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Wed	2300	0100			
Thur	2300	0100			
			Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 5)		
Fri	2300	0200			
Sat	2300	0200			
Sun	2300	0000			

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	<input checked="" type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)					
Mon	0800	0100						
Tue	0800	0100						
Wed	0800	0100						
Thur	0800	0100				Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5)		
Fri	0800	0200						
Sat	0800	0200						
Sun	0800	0000						

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

Name Darren Townsend	
Address 11 Russet Close St Ives Cambridgeshire	
Postcode	PE27 3NN
Personal licence number (if known) SGC/SGC042209	
Issuing licensing authority (if known) South Gloucestershire Council	

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8).

None

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	
Mon	0000	0000	<p><u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u> (please read guidance note 5)</p> <p>The premises are open 24 hours a day, 7 days a week and therefore residents of hotel/conference facilities are to be permitted to drink alcohol at any time during those times.</p>
Tue	0000	0000	
Wed	0000	0000	
Thur	0000	0000	
Fri	0000	0000	
Sat	0000	0000	
Sun	0000	0000	

M Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)

These premises already have a Premises Licence (No: 10/00287/LQN) and it is De Vere Venues intention to continue to run the premises to the same high standards.

b) The prevention of crime and disorder

There is, and continues to be, 24 hour security at the premises.

Acceptable forms of identification are (but not limited to) PASS approved proof of age cards, valid passport and photocard driving licence.

All Staff are trained in under age sale prevention.

c) Public safety

Staff are fully trained in evacuation procedures.

Prior to installing any temporary structure the licensee will carry out an appropriate risk assessment.

There shall be an internal night team to supervise the premises and its grounds - both inside and outside.

Company staff training shall be given to all staff and there shall be specific first aid personnel and fire safety wardens.

There shall be an escalation/incident policy at the premises.

d) The prevention of public nuisance

Residents and non-residents attending the premises shall be encouraged to limit any noise when leaving the site or arriving on site late at night.

The premises licence holder will take measures to reduce music and noise (including low frequency noise), which is likely to cause disturbance or annoyance to the occupants of neighbouring residential properties.

Premises doors and windows serving rooms or areas where amplified music or speech is provided shall be kept shut after 2100 hours to prevent noise breakout.

e) The protection of children from harm

Where under 18s are attending the premises they will be accompanied by an adult at all times.

Acceptable forms of identification are (but not limited to) PASS approved proof of age cards, valid passport and photocard driving licence.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- I have enclosed the plan of the premises.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.
- I understand that I must now advertise my application.
- I understand that if I do not comply with the above requirements my application will be rejected.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 11).
If signing on behalf of the applicant, please state in what capacity.

Signature	DLS Licensing Ltd.
Date	25th June 2014
Capacity	Agent for the Applicant.

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
Hills Licensing Limited 3 Vale Rise			
Post town	Chesham	Postcode	HP5 2BG
Telephone number (if any)	07891 526110		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) sally@hillslicensing.co.uk			

Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Consent of individual to being specified as premises supervisor

Darren Townsend

[full name of prospective premises supervisor]

of

11 Russet Close
St Ives
Cambridge
PE27 3NN

[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

Application for new Premises Licence

[type of application]

by

De Vere Venues Group Limited

[name of applicant]

relating to a premises licence

~~054287~~

[number of existing licence, if any]

for

De Vere Venues
Wokefield Park
Goodboys Lane
Mortimer
Reading
RG7 3AH

[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

De Vere Venues Group Limited

[name of applicant]

concerning the supply of alcohol at

De Vere Venues
Wokefield Park
Goodboys Lane
Mortimer
Reading
RG7 3AH

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

SGC/SGC042209

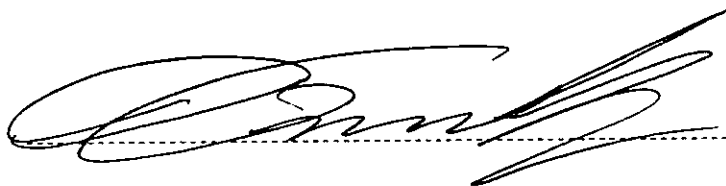
[insert personal licence number, if any]

Personal licence issuing authority

South Gloucestershire

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

DARREN TOWNSEND

Date

23/6/16